Teleconsultation Program

- **Available to all deployed providers and to Independent Duty Medical Technicians working under the authority of a provider**
- **Consultations are answered 7 days a week**
- **Recommendations are answered within 24 hours**
- **Uses Army portal with participation by all branches of the military**
- **Consultants are from all branches of the military (Army, Navy, Air Force)**
- **POC is LTC (Retired) Chuck Lappan**
  charles.m.lappan.civ@mail.mil
  (210) 295-2512, Fort Sam Houston, Texas

Revised 21 May 2014

The information in this PowerPoint may not be place in non – military websites

Teleconsultation Program Transition

- **Teleconsultations are sent to “utility accounts” using the Defense Information Systems Agency (DISA) email protocol with a naming convention of xx.consult.army@mail.mil**

- **If you have previously used emails that used the Army Knowledge Online (AKO) email protocol please use the DISA format**

Teleconsultation Groups
Specialties organized into email groups

Specialty	DISA Email Address
Burn-Trauma	burntrauma.consult.army@mail.mil
Cardiology	cards.consult.army@mail.mil
Dental - General Dentistry	dental.consult.army@mail.mil
Dental - Endodontic / root canal issues	endodontic.consult.army@mail.mil
Dental - Pathology in / around oral cavity	oralpath.consult.army@mail.mil
Dental - Removal of teeth, infections, implants or Fractures	oralsurgery.consult.army@mail.mil
Dental involving children	pedodontic.consult.army@mail.mil
Dental - Periodontal involving gums & transplants	perio.consult.army@mail.mil
Dental - Implants, crowns, partial or full dentures	prostho.consult.army@mail.mil
Dermatology	derm.consult.army@mail.mil
Ophthalmology / Optometry	eye.consult.army@mail.mil
Infectious Diseases	id.consult.army@mail.mil
Internal Medicine	im.consult.army@mail.mil
Infection Control	ic.consult.army@mail.mil
Microbiology / Laboratory Services	microbiology.consult.army@mail.mil
Nephrology	nephrology.consult.army@mail.mil
Neurology	neuron.consult.army@mail.mil
Orthopedics	ortho.consult.army@mail.mil
Pain Management	painmanagement.consult.army@mail.mil
Pediatrics	picu.consult.army@mail.mil
Preventive & Occupational Medicine	pmom.consult.army@mail.mil
Rheumatology	rheum.consult.army@mail.mil
Sleep Medicine	sleep.consult.army@mail.mil
Traumatic Brain Injury	tbi.consult.army@mail.mil
Toxicology	toxicology.consult.army@mail.mil
Urology	urology.consult.army@mail.mil
Consultations for other specialties /miscellanous	med.consult.army@mail.mil

Teleconsultation Groups

- **Other specialties "as requested" – send teleconsultation to med.consult.army@mail.mil**

  - ✓ **The following are examples of the "Other Specialties" that have assisted with teleconsultations**

  - ✓ **This list is not all inclusive and may change without notice**

- **Allergy**
- **Endocrinology**
- **ENT**
- **Flight Medicine**
- **Gastroenterology**
- **General Surgery**
- **Hematology**
- **Legal**
- **Neurosurgery**
- **Nutrition Care**
- **OB-GYN**
- **Oncology**
- **Pharmacy**
- **Plastic Surgery**
- **Pulmonary Diseases**
- **Psychiatry**
- **Radiology**
- **Speech Pathology**
- **Vascular Surgery**

Cell-phone Cameras

- **Unless your cell-phone camera has good optics the image may not be acceptable**

Apple iPhone 4s

Dx: Autoeczemation

Focal Length: 4.28 mm
F: 2.4
1/60th Second
Spot Metering

Droid 2 Global

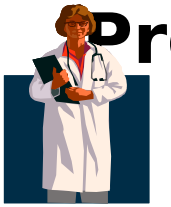
Dx: Lichen Simplex Chronicus

Focal Length: 4 mm
F: 2.8
1/30th Second
Center Weight Average Metering

AKO Teleconsultation Program Business Practice For Deployed

Provider sends f/u or questions/info to group

Pr ers



Deployed Provider emails consultation

Specialty with Contact Group

Yes

No

Include charles.m.lappan.civ@mail.mil in the "cc" address

-----Original Message-----
From: ZZZZZ, XXXXX MAJ
Sent: Monday, May 28, 2007 10:00 PM
To: XXXXXXXX
Subject: RE: Teleconsultation

COL XXXXX

The lesion appears to be a prurigo nodule. They occur from repeated scratching rubbing. Many times it is formed from habit alone, but also they they can occur from a primary lesion (such as a wart, insect bite, other). You have many treatment options. You can try a trial of cryotherapy (5 second freeze), shaving the lesion off, intralesional kenalog, topical steroids are among the most commen forms of treatment. The main goal is to get the patient to leave the lesion alone. Thank you for the consult.

Respectfully,

XXXXXX XXXXXXX MD
MAJ, MC, USA
Chief, Dermatology
XXXXXXXX

Consultant emails recommendation to the deployed physician

-----Original Message-----
From: XXXXX XXXXXXX
Sent: Tuesday, May 29, 2007 2:31 AM
To: 'derm.consult@us.army.mil'
Subject: Teleconsultation

In any case, the attached images are of a 47 y/o healthy male with a recurring (several months) 4 mm scar on posterior wrist, ulnar aspect.

Patient kept scratching it and when saw primary provider stateside (before deploying), provider said it was from the irritation and leaving it alone would make it go away.

Now after several months the lesion recurs (no worse than original, no spreading), patient continues to pick at it when the central core spreads to about 3 mm (since it itches).

No treatments were attempted, no labs obtained. There may or may not be core for freezing.

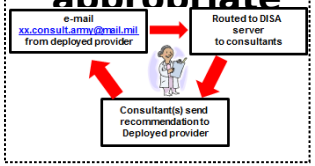
DDx: 1. Wart
2. Scar that recurs due to patient irritation.

Thank you very much, in advance, for this great pr <<DSC05694.JPG>> ogram. It is nice to be in theater, knowing you do what you do.

Les

XXXXX XXXXXX
Col, USAF, MC

Teleconsultation is routed to the appropriate



Teleconsultation emailed to med.consult.army

Finds consultant with appropriate ex tise

Consultant retrieves and reviews teleconsultation

Copy furnished to specialty group… confirms teleconsultation is answered and enables collaboration

How To Send A Consult

- **Patient History**

  - **When did it start? Days? Weeks? Months? Years?**
  - **Patient symptoms now?**
  - **Chronicity: Getting better? Worse? No change? Spreading?**
  - **What was used to previously treat the patient?**
  - **Effectiveness of previous treatments?**
  - **Laboratory and test results if any?**
  - **Your Diagnosis and/or Differential Diagnosis**
  - **<u>Limitations you have treating your patient such as medications, procedures, lab tests?</u>**

- **Include Patient Demographics: branch of service, age, and gender. If not U.S. military list the patient's nationality. Identify if contractor, detainee, foreign military, etc**

- **Include digital images if appropriate**

  - **Use the jpeg format for images**
  - **Check images before transmitting to ensure they are in focus and accurately portray the problem as you see it**
  - **Usually 3 to 5 images is all we need**
  - **When in doubt, overload us with images**

- **Other attachments:**

  - **PDF's of EKG's**
  - **JPEGs of radiographs**
  - **Laboratory and pathology reports**

How To Send A Consult

- **Do not include patient identifying information such as the patients name or SSN**

- **Try to limit one patient per teleconsultation**

- **Do not send radiographs using the DICOM format**

  - **Requires special processing**
  - **Can delay the consultant's recommendation(s)**

- **Do not include "archive attachments / files**

  - **Certain file types such as ".zip" are automatically blocked**

- **If you send a consult and later need additional assistance send the teleconsultation to the generic email address of the specialty and not to the consultant who answered your consult**

  - **Most consultants are on a call-roster and look for consults during the period they are on-call**
  - **Most delete the consult after they have answered it**
  - **Project Manager makes an MSWord file for each consult**
  - **When a reconsult is sent, the we transmit the file to the on-call consultant**

De-Identification and Protected Health Information

- **Digital images must obscure the face or identifiable markings unless required for diagnosis**

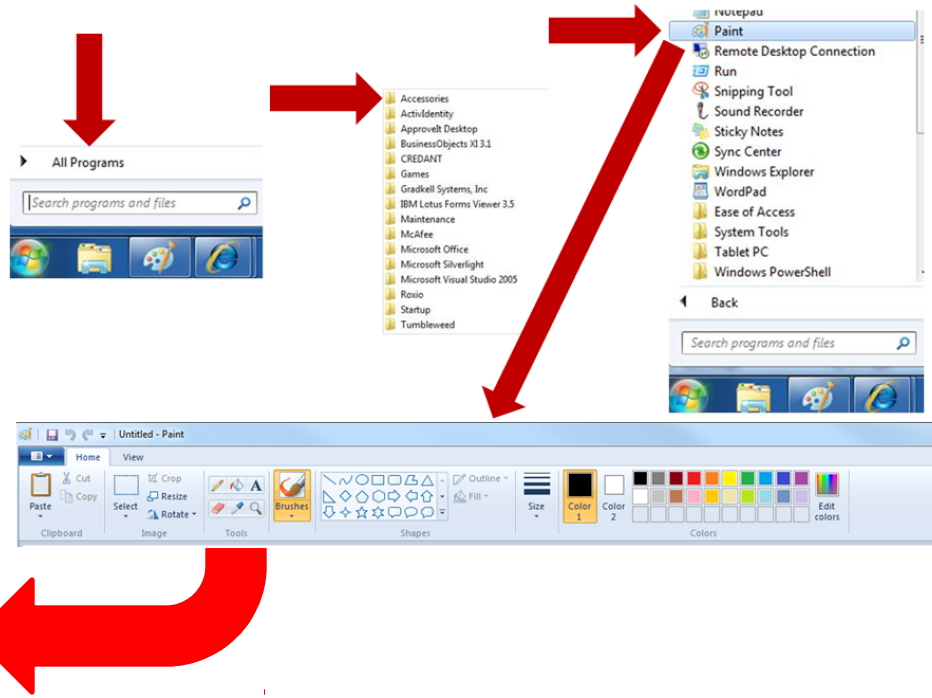
- **Bring the camera in close and crop**

Basal Cell Carcinoma

Chalazion

Smallpox Reaction

- **Use imaging software (Microsoft Paint) to remove identifying features**



Lamellar Ichthyosis

Acne Excoriee

Miliaria Rubra

Potential Problems

- **Some servers block emails > 5 mB … some MTFs limit email sizes to 2 mB**

- **Large files overload consultant's email boxes causing their In-boxes to become full**

  - ***Try to keep your entire consultation under 10 mB***

    - ✓ **Compress images before taking images – use the Menu / Set-Up in your camera**
    - ✓ **If images are still too large after taking them – use Microsoft Picture Manager**
    - ✓ **Do not compress to less than 50 kB … results in unacceptable pixilation when enlarged**

- **Blurred images may be difficult to diagnose**

  - **Use the macro lens (flower icon) for all close-ups and use the focus-lock technique**

- **For questions on your camera please tell us the make and model number of your camera**

- **If you send a teleconsultation and DO NOT receive a reply within 24 hours please contact LTC (Ret) Lappan directly**

  - **Teleconsultations can get hung up in either the in-coming or out-going email**
  - **If the Consultant's recommendation was sent but you did not receive it, we will resend it**
  - **If we did not receive your teleconsultation we will expedite a recommendation to**